

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Texas Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Danny Ken McCoy

Mailing Address 901 Drane Pl

City

Corsicana

State

TX

Zip Code

75110-2535

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Texas

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 17 / 2015

Transaction ID : 66967928

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. John Howard Gill

Mailing Address 2121 McLennan Crossing Rd

City

Woodway

State

TX

Zip Code

76712-3021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Practice Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 01 / 2015

Transaction ID : 66967929

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr. Eldon Stevens Robinson

Mailing Address PO Box 6685

City

Lubbock

State

TX

Zip Code

79493-6685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2430.59

Date of Receipt

07 / 17 / 2015

Transaction ID : 66967930

Amount of Each Receipt this Period

416.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

966.67